

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



December 8, 2000

ALL COUNTY LETTER NO. 00-82

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKs PROGRAM SPECIALIST  
ALL FOOD STAMP COORDINATORS  
ALL COUNTY WELFARE FRAUD CHIEF INVESTIGATORS  
ALL COUNTY DISTRICT ATTORNEYS

**REASON FOR THIS TRANSMITTAL**

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: IMPLEMENTATION OF THE CHANGE AND QUARTERLY REPORTING SYSTEM IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) AND FOOD STAMP PROGRAMS

REFERENCE: ASSEMBLY BILL (AB) 510, CHAPTER 826, STATUTES OF 1999;  
ALL COUNTY INFORMATION NOTICE (ACIN) I-96-99 DATED  
DECEMBER 13, 1999; ACIN I-70-00, DATED JULY 26, 2000

The purpose of this letter is to transmit implementing instructions for the new Change Reporting and Quarterly Reporting (CR/QR) system for the CalWORKs and Food Stamp (FS) programs.

**BACKGROUND**

Assembly Bill (AB) 510, which was signed into law on October 10, 1999, allows Los Angeles County and up to eight other counties to replace the current monthly reporting and retrospective budgeting system with CR/QR and prospective budgeting in the CalWORKs and FS programs. Subsequent budget trailer language extended the date of implementation for startup to July 1, 2001. The law also requires that the California Department of Social Services (CDSS) complete an evaluation of the CR/QR system no later than January 1, 2004.

If the legislature takes action to remove sunset provisions contained in the law, statewide implementation of CR/QR could begin January 1, 2005. Pending legislative action to implement CR/QR statewide, all counties not participating in the early implementation phase remain subject to the current monthly reporting and retrospective budgeting (MRRB) rules. If the sunset provisions are not removed,

counties that have already implemented CR/QR will be required to return to the current MRRB system by January 1, 2006.

AB 510 also authorizes the CDSS to implement the statute initially through the All County Letter (ACL) process and directs the Department to adopt regulations to implement the new system within six months of initial implementation.

## **FEDERAL WAIVERS**

AB 510 directed CDSS to seek waivers from the Food and Nutrition Service (FNS) to achieve maximum compatibility between the CalWORKs and FS programs. Through extensive negotiations with FNS, CDSS was able to obtain the more significant waivers needed to maximize compatibility between the two programs and operate a change/quarterly reporting system in both programs. Attachment C provides a more detailed listing of the waivers that FNS approved and denied for this project.

## **PARTICIPATING COUNTIES**

CDSS had requested that interested counties submit letters indicating their intent to participate, along with the county's implementation plan by November 15, 2000. County selection has not been completed at this time. CDSS will announce the participating counties when implementation plans have been submitted and counties have been selected.

## **THE CR/QR SYSTEM - OVERVIEW**

The new recipient reporting system will apply to all CalWORKs and FSP households in participating counties, with the exception of the existing nonmonthly reporting households in the FSP, listed at MPP Section 63-505.21. These FSP households will continue to follow existing nonmonthly reporting rules, and will not be required to submit quarterly reports.

The new CR/QR system uses current FSP regulations for change reporting and prospective budgeting, and introduces a new quarterly reporting component. The new recipient reporting system provides for the following basic features:

- Recipients must report changes within 10 days;
- CalWORKs recipients must report all changes in writing while FS recipients may report changes in writing, in person, or by telephone;
- Recipients must report changes in income greater than \$100;
- When changes are reported, CWDs will recalculate cash aid and food stamp benefits on a prospective basis;
- Recipients will also be required to submit quarterly reports every three months;
- Overpayments (O/Ps) and underpayments (U/Ps) will be calculated using the FSP regulations for calculating overissuances (O/Is) and underissuances (U/Is).

Note that the CR/QR reporting system does not change existing regulations regarding:

- **Calculations for determining CalWORKs grants and FSP benefits.** CalWORKs grant and FS allotment calculations will follow existing benefit calculation methodologies for determining payment and allotment levels. **CalWORKs and FSP disqualification penalties for fraud convictions and Intentional Program Violations (IPVs).** The same penalties will continue to apply for fraud convictions and IPV determinations under the new reporting system.
- **Determination of Continued Eligibility for Medi-Cal.** CWD's must continue to use existing guidelines for determining if family members would remain eligible for Medi-Cal benefits after cash aid is terminated.

Attachment A provides detailed instructions for the implementation of the new CR/QR system. Attachment B provides a complete list of fraud and IPV disqualification penalties that are currently required in the CalWORKs and FS programs.

## **CASELOAD CONVERSION**

In order to begin implementation of the CR/QR system on July 2001, CWDs will be required to take special steps to convert existing recipient caseloads from MRRB to CR/QR. This is a one-time process to change all cases to the new CR/QR system. These steps include, but are not limited to:

- Training county staff prior to conversion;
- Providing recipient training;
- Providing the recipients with informing notices prior to implementation that explain the new reporting requirements and the new prospective budgeting rules; and
- Transitioning cases from retrospective budgeting to prospective budgeting.

A more detailed description of these conversion steps is included in Attachment A, beginning on page 7.

## **EVALUATION**

As noted earlier, AB 510 requires that an evaluation be completed by January 1, 2004. The department must also collaborate with the Office of Criminal Justice Planning in the program integrity aspects of the evaluation. A third party contractor selected by CDSS will conduct the evaluation. Participating CWDs and their local District Attorney Offices will be required to fully cooperate with the evaluator and CDSS staff in the evaluation of the CR/QR system. Participating CWDs shall appoint a county coordinator who will assist the evaluator and CDSS staff in the evaluation of the CR/QR system.

## **FORMS/NOTICES**

Forms. Two new forms, the CW7Q and the CW7C, are being introduced for use in the new CR/QR system. The CW7Q is the Quarterly Report (QR) form and the CW7C is the Change Report (CR) form. The forms and the accompanying instruction sheets are included as Attachments D and E. Finalized forms and instructions will be sent to participating counties under separate cover.

AB 510 mandates that counties provide a mechanism by which recipients may retain written documentation of the contents of their report. This applies to both the CR and QR forms. Participating CWDs will have the flexibility to design their own written documentation mechanism; however, CDSS must approve the county's proposed mechanism. Attachment A, page 9, provides alternatives that counties may consider using to meet this mandate.

Notices of Action (NOAs). Attachments F and G provide copies of two NOAs that have been revised to make reference to the CW7Q form and the applicable law. In addition, Attachment A contains a listing of other NOA's that will also need to be revised. The department will work with participating counties to make the necessary changes to NOAs.

Informing Notice. As part of the conversion to the CR/QR system, participating counties will be required to provide recipients and applicants with a mass informing notice that describes the new reporting rules and responsibilities, prior to implementation. Ensuring that clients are well informed of the CR/QR rules will be critical to the success of the new system. Attachment A, pages 8 and 10, provide a description of the informing requirements. CDSS will be working with participating counties to develop the language for the mass informing notice.

## **RECIPIENT/COUNTY STAFF TRAINING**

CWDs will be required to provide recipients and county staff with training about the new system. It is anticipated that it will require tremendous efforts to retrain the recipient population, and that such efforts will be ongoing throughout the initial implementation phase. CDSS will be reviewing CWD implementation plans and working with the participating counties so that the training planned for both recipients and county staff will minimize confusion during the transition period. Attachment A, pages 7 and 8, provides recommended approaches to recipient and staff training.

## **FOOD STAMP PROGRAM QUALITY CONTROL**

Food Stamp quality control review procedures will be issued under separate cover. Counties should note that there will not be a "hold harmless" period for dollar errors related to implementation of this legislation.

If you have any questions regarding the CR/QR system, you may contact the following designated CDSS staff:

PROGRAM	CONTACT	PHONE NUMBER	CALNET
CalWORKs	Cora Myers, Lead	(916) 654-2236	464-2236
CalWORKs	Dorette Pierce	(916) 654-1867	464-1867
Food Stamps	LeAnne Torres	(916) 654-2135	464-2135
Program Integrity/Fraud	Eugene Essex	(916) 263-5737	435-5737
Research/Evaluation	Everett Haslett	(916) 657-1631	437-1631
CalWORKs Forms and Informing Notices	Terry Mallin	(916) 653-8395	453-8395
CalWORKs NOAs	Terry Mallin	(916) 653-8395	453-8395

Sincerely,

*Original document signed by  
Bruce Wagstaff on 12/8/00*

BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Attachments

c: CWDA  
CSAC

## **ATTACHMENTS**

### **Attachment A**

#### **Change and Quarterly Reporting Implementation Instructions**

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Notice of Action Form NA 960X

### **Attachment G**

Notice of Action Form NA 960Y

## ATTACHMENT A

### **CHANGE AND QUARTERLY REPORTING IMPLEMENTATION INSTRUCTIONS**

#### **CASELOAD CONVERSION**

CWDs will be required to take special steps prior to July 1, 2001 to convert their existing recipient caseload from MRRB to CR/QR. Caseload conversion will include, at a minimum, the following components:

- Training county staff prior to conversion;
- Providing recipient training;
- Providing the recipients with informing notices prior to implementation that explain the new reporting requirements and how CalWORKs grants and FS benefits will be calculated; and
- Transitioning cases from retrospective budgeting to prospective budgeting.

These components are described in more detail below.

#### **Recipient/County Staff Training**

Recipient training and county staff training will be extremely critical to the success of CR/QR implementation. It is anticipated that it will require tremendous efforts to retrain the recipient population on a new reporting system, and that such efforts will be ongoing throughout the initial implementation phase.

Participating CWDs must provide education and training for their recipient population regarding the new CR/QR system in order to minimize confusion and errors. In addition to mailing the mass informing notices (see Recipient Informing section the following page), CWDs may use various approaches in educating their recipient population. Alternatives include but are not limited to:

- one-on-one training,
- orientation videos; and/or
- group training.

Training may include innovative features such as teaching record-keeping tips to recipients or providing recipients with folders to be used to keep track of changes. In addition to training, CWDs could enhance recipient education with special features such as a dedicated 800-telephone number to answer questions regarding CR/QR or use of specialized workers dedicated to assisting recipients with the transition to the new system.

CDSS also recommends that CWDs provide training to their staff in two parts:

- Conceptual Training- It is recommended that this general training be provided approximately four months prior to implementation to familiarize county staff

with the requirements of AB 510 prior to the mailing of informing notices to recipients.

- **Technical Training-** This training will be the “nuts and bolts” of the CR/QR system and will detail how to implement, county policy, automation, etc. It is anticipated that CWDs would need to provide this training no later than two months prior to implementation. CDSS recommends that CWDs include an emphasis on fostering effective worker/recipient relationships.

### **Recipient Informing**

In notifying recipients of the new reporting and budgeting rules, CWDs must send a minimum of three informing notices to recipients, one per month, beginning April 2001. In addition, CWDs shall send the informing notice to recipients for each of the three months following implementation. This will help to ensure that recipients will have adequate time to learn the new rules and their responsibilities, and to contact county eligibility staff for any questions they might have about the new CR/QR system.

### **Transitioning Cases From Retrospective Budgeting to Prospective Budgeting**

For purposes of transitioning from retrospective budgeting rules to prospective rules in July 2001, participating CWDs will need to determine the income and family composition that will most accurately reflect the household’s anticipated circumstances for the month of July 2001. In order to do this, CWDs must require that each recipient household provide a final Monthly Eligibility Report (CW 7) in June 2001. This CW 7 will provide a “snapshot” of the household’s circumstances from the month of May 2001 and should also indicate any other changes the household anticipates for future months (in question number eight of the CW 7). Under prospective budgeting, CWDs will need to use this reported information as a “best estimate” of the household’s future circumstances to determine July 2001 cash aid and FS benefits, unless the household reports otherwise.

Participating CWDs will be required to provide recipient households with written documentation of the contents of this final CW 7. The purpose of this requirement is to ensure that recipients have documentation that shows the most recent information reported by the household prior to implementing the new reporting system. It is critical that recipients be given the opportunity to retain this information, as it will be used as the starting point from which they must begin reporting changes over the \$100 threshold effective July 2001. CWDs may use the same written documentation mechanism that they plan to use for the Change and Quarterly Reports, or may use one of the other alternatives indicated. (Refer to the Forms section on page 9 for additional information regarding the written documentation mechanism for these other reports.)

For purposes of recalculating the July 2001 benefits, CWDs are required to make benefit changes in accordance with existing regulations for acting on reported changes, i.e. counties would need to verify the reported change and provide timely and adequate notice to the recipient. CWDs must also continue to follow



CW 7 processing regulations at MPP Sections 40-181.22 through .26 (CalWORKs) and Sections 63-504.32 (FSP) for the month of June. Recipients who fail to submit a completed CW 7 for May 2001 will be terminated in accordance with these CW 7 processing regulations.

CWDs must include an informing notice/stuffer with the May 2001 CW 7 that reminds recipients to report all monthly changes in income that are greater than \$100 beginning July 1, 2001.

## **Forms/Notices of Action/Informing Notices**

### **Forms**

Two new forms, the CW7Q and the CW7C, are being introduced for use in the new CR/QR system. The CW7Q is the Quarterly Report (QR) form and the CW7C is the Change Report (CR) form. In addition to the CW7Q and the CW7C, instruction sheets on how to complete these forms will accompany the report forms. The forms and the accompanying instruction sheets are included as Attachments D and E.

AB 510 mandates that counties provide a mechanism by which recipients may retain written documentation of the contents of their report. To satisfy this requirement, CDSS has designed the CR form (CW7C) to be a "No Carbon Required" (NCR) form so that each time a recipient provides a change report, (s)he will be able to retain a copy of the report. These forms must be made available to recipients during the initial application process, as well as at redetermination/recertification, each time the recipient submits a completed CR form, and upon recipient request. CWDs must also ensure that they provide recipients with a supply of CR forms prior to the July 2001 implementation date. CDSS will have the CW7C in stock and available to CWDs prior to implementation.

When a recipient submits the QR form (CW7Q), the CWD must also be able to provide the recipient with written documentation of what they reported. CDSS will not have this form in stock, since the QR forms will be automated at the county level. CWDs must determine the mechanism they intend to use for providing the recipient with a written documentation of contents of the QR form and may use one of the following alternatives for meeting this mandate:

- Providing the recipient with a photocopy of the report;
- Using a Notice of Action (NOA) or speedletter as the mechanism that provides the recipient with a record of what they reported. The NOA may be used if the CWD took an action to change the recipient's benefits. If there was no resulting change from the reported information, CWDs would need to send a speedletter to the recipient indicating changes that were reported; or
- Providing report forms that have a tear-off section for the recipient to retain. These tear-off sections would require that the recipient fill it out with information that matches what they reported on the CR form to the county.

In addition, if a CWD is unable to use the NCR method for the CR form, the county must select one of the alternatives provided above in ensuring they provide a mechanism for recipients to retain written documentation of what they reported on the CR form. CWDs that develop their own “written documentation mechanism” for CR and/or QR forms must have that method approved by CDSS prior to implementation. The CWD shall indicate the method chosen in their county implementation plan to be submitted with their request to participate.

The CR and QR forms, along with the instructions for them, are mandated forms to be used by the counties, with substitutes permitted after approval by CDSS. Any language changes or reformatting that may be necessary due to a participating county’s automation constraints require CDSS review and approval.

Finalized forms and instructions will be sent to participating counties under separate cover.

#### Notices of Action (NOAs)

Attached are copies of the NA 960X and NA 960Y Notice of Action (NOA) forms (Attachments F and G), that have been revised to make reference to the CW 7Q form and the applicable law. At this time, the department has identified the following additional state-issued NOA forms that will require revision to implement AB 510.

MESSAGE	ACTION	TITLE
M40-181C	Inform	Balderas Reminder Notice
M40-181D	Deny	No Completed Monthly Report at Restoration
M43-201A	Inform	Child Support Disregard Payment
M44-133V	Change	Minor Parent, Financial Eligibility
M44-207K4	Change	Suspend Part of AU, Financial Eligibility
M44-207L	Suspend	Financial Eligibility Test
M44-315A	Change	\$10 Minimum Payment

These NOAs will need revisions to change "CW 7" to "CW 7Q" and "monthly" to "quarterly," and some NOAs may require more extensive changes. We may also be required to revise or establish other NOAs as we work toward implementation of AB 510. The department will work with participating counties to make the necessary changes to NOAs and informing notices.

#### Informing Notice

As described in the Caseload Conversion section, participating CWDs must provide all recipients in their counties with a mass informing notice. In addition, CWDs must provide each applicant with the informing notice during the intake process.

The mass informing notice is not included in this ACL, but will be developed once counties have been selected to participate. Language for the mass informing

notice will be developed by CDSS in conjunction with the participating counties and will be made available prior to April 2001.

## **SETTING UP THE QUARTERLY REPORTING CYCLE**

A CalWORKs recipient shall be assigned a specific reporting cycle using the application date, the terminal digit of the case number, or some other method determined by the automation consortia to which the CWD belongs. The CWD shall align the FS recertification with the CalWORKs annual redetermination of eligibility to the extent possible. For CalWORKs' companion FS cases, certification periods may be shorter than one year, but in no event may the FS household's certification period exceed one year.

The following terminology will be used to describe the months in the QR cycle:

- Data Month – the month for which the recipient reports all information necessary to determine eligibility.
- Submission Month – the month in which the QR form is required to be submitted to the CWD. This month immediately follows the Data Month.
- Payment Month(s) – the future month(s) in which benefits are paid/issued. The first payment month is the month immediately following the Submission Month.

This terminology and description of the months is provided in order to better explain the proper sequence of events in the quarterly reporting cycle. Information regarding circumstances from a Data Month can only be reported on a Quarterly Report in a subsequent month, and that month is called the Submission Month. CWDs must process the information reported on the QR during the Submission Month in order to determine the household's benefits for future months, or Payment Months. Once determined, the cash aid and FS allotment would stay at the same level until a change is reported that requires an adjustment to the benefits. Because recipients will also be required to report changes as they occur, CWDs will be processing changes on an ongoing basis, regardless of what part of the cycle the recipients are in. As such, it should be noted that adjustments to the family's cash aid or FS allotment can and will be made in any month, regardless of whether it is a Data, Submission or Payment Month.

During the initial conversion period to the new CR/QR system, it will be necessary for counties to ensure that recipients are brought into the QR cycle and given their first QR as early as possible so that sufficient data can be collected for purposes of the project evaluation.

During the application process, CWDs must provide all households with a QR form when the AU is determined to be eligible. The CWD must clearly indicate to the household when the initial QR is due and for which Data Month they will be responsible for reporting information. Thereafter, the CWD must ensure that the household receives the QR no later than the first day of each Submission Month.

### Quarterly Reporting Cycle Based on Application Date

For CWDs that choose to establish the QR cycle using the application date, the month of application will be considered a Payment Month, regardless of whether benefits are issued in that month or as a supplemental payment in a subsequent month. The CWD shall establish three QR cycles, each comprised of four months. The CWD will assign the applicant to one of these cycles depending on the month of application. Attachment A1 shows how the three cycles can be set up and how the county would assign cycles based on the application month. In this system, the recipient would have four established months for which they know they must submit reports. For example, using the chart on page 27, Attachment A1, if a client is assigned to Cycle 2 based on the application month of January, (s)he would be required to submit QRs in the months of April, July, October, and January. The reports require that recipients provide complete income information and eligibility changes from the Data Months of March, June, September, and December (as well as limited information regarding changes from prior months as described on pages 18 and 19).

When a CalWORKs case has a companion FS case (Public Assistance Food Stamp case or “PAFS” case), the CWD may want to establish a certification period so that it expires at the end of a Submission Month. This will allow the CWD, at the time of the FS recertification period, to also obtain the QR.

### Quarterly Reporting Cycle Based on Terminal Digits

For CWDs that choose to establish the QR cycle based on using the terminal digit methodology, the CWD must assign a cycle to an applicant/recipient based on the last digit of his/her case number. The CWD shall establish three QR cycles, each for a particular set of numbers. Counties may choose how to determine the groupings. Following is one example of how a county might set up their QR cycle:

- Cycle 1 will be assigned to cases ending in 0, 1, 2, and 3.
- Cycle 2 will be assigned to cases ending in 4, 5, and 6.
- Cycle 3 will be assigned to cases ending in 7, 8, and 9.

Once a recipient is assigned to a cycle, the recipient will be required to submit a QR in his or her cycle-specific months, regardless of when (s)he applied. See Attachment A2 for an illustration of a QR cycle that is based on terminal case digits.

CWDs that use this method of establishing a QR cycle will be required to establish FS certification periods for the PAFS portion of a CalWORKs case in such a way as to ensure that the certification period always ends at the end of a Submission Month. In this way, the Payment Month for CalWORKs will be aligned with the issuance month for the new certification period.

## **CHANGE REPORTING**

### **RECIPIENT REPORTING RESPONSIBILITIES**

#### **What must be reported (CalWORKs and FSP)**

The change reporting component of the new CR/QR system requires that all CalWORKs and all FS recipients, including non-assistance FS recipients, report changes in their circumstances within ten calendar days of the date the change becomes known to the household. Changes that must be reported are as follows:

- Changes in sources of income or in the amount of gross monthly income, earned and unearned, of more than \$100. This includes reporting when a recipient has obtained employment, has terminated employment, or has changes in hours worked.

**For example:** The recipient reported receiving \$500 in income for the month of August. In September, his income increased by \$50. The recipient is not required to report this change, because it is under the \$100 reporting threshold. In October, his income increased by another \$51. The recipient is not required to report this change for the same reason.

**For example:** If a recipient's income increased by \$50 in early September and then later decreased by \$51 later in that same month, these amounts would not be combined and would not be required to be reported by the recipient. Changes must increase **or** decrease by a monthly total of \$101 before it is considered a reportable change.

- All changes in household composition, such as the addition or loss of a household/Assistance Unit (AU) member.
- Changes in residence.
- Acquisition or sale of a vehicle.

#### **CalWORKs only**

- Any change in resources.

#### **FSP only**

- Changes in resources that reach or exceed the maximum resource eligibility standard.
- Changes in the legal obligation to pay child support of more than \$100.
- Changes in the shelter cost of more than \$100.
- Persons required to meet the Able-Bodied Adults Without Dependents (ABAWD) work rule must report any changes that result in the reduction of hours worked to less than 20 hours per week.

## How changes must be reported

### CalWORKs only

- Applicants. CalWORKs applicants must report all changes in circumstances within five days in accordance with MPP 40-105.14 and shall not wait until receipt of an approval notice. Applicants will not be required to report changes in writing, but will be required to verify all reported changes as requested by the CWD. (The AB 510 CR/QR system applies to recipient reporting and therefore does not affect CalWORKs regulations regarding applicant responsibilities or the application process.)
- Recipients. CalWORKs recipients will be required to report all changes in writing within ten days of the date the change becomes known to the recipient. Recipients are not required to report changes in income that are \$100 or less. However, if the recipient reports the change verbally, the CWD must request that the change be reported in writing.

### FSP only

- Applicants. FS applicant households must report any change that occurs after the intake interview within ten days of the date of their notice of approval for FS benefits.
- Recipients. FS recipients may report changes verbally, in person and/or in writing.

## CWD RESPONSIBILITIES (CalWORKs and FSP)

The CWD shall provide each household with a CR form at the time of approval/certification, at redetermination/recertification, whenever the household has returned a completed CR form, and upon recipient request. In addition, as noted in Attachment A, page 9, during caseload conversion to the new CR/QR system, CWDs must provide recipients with a supply of CR forms prior to the July 2001 implementation date.

The CWD shall take action (as noted below) on all reported changes to determine if the change affects the household's eligibility or benefits. The CWD shall document the nature of the change in the case file and the date and manner (e.g., in person, by telephone or in writing) in which the change was reported.

## CWD ACTION ON CHANGES (CalWORKs AND FSP)

When recipients report changes in their income and circumstances and it results in a change to the household's cash grant or FS allotment, CWDs must recalculate the cash aid and FS benefits using the FSP's regulations for effecting changes for nonmonthly reporting households at MPP Section 63-504.4. In addition, when changes are reported to the CWD, the CWD must request that the change be verified (if required by current CalWORKs and/or FSP verification rules.)

CWDs must allow the household ten days to provide the verification. If the household provides the verification within this ten-day period, the county shall take action on the change within the timeframes specified in the “Increases in Benefits” and “Decreases in Benefits” paragraphs that follow under “Timing of Changes.” The timeframes shall run from the date the change was reported, not from the date of verification. If, however, the household fails to provide the required verification within ten days after the change is reported, but does provide the verification at a later date, then the timeframes for taking action on changes specified in the “Timing of Changes” section shall run from the date the verification is provided rather than from the date the change is reported. The CWD shall not terminate benefits if the household fails to provide the verification, but shall take the following actions:

- For changes resulting in a **decrease** to the grant, the CWD shall take action to reduce the benefits, pending receipt of the verification of the change, in accordance with the timely and adequate notice provisions at MPP Sections 22-071 and 22-072. If the household fails to provide verification of the change prior to the next redetermination/recertification, CWDs shall terminate benefits in accordance with timely and adequate notice provisions.
- For changes resulting in an **increase** to the grant, the county shall not take action to change the household’s benefits until verification of the change is provided.

#### TIMING OF CHANGES

In recalculating recipients’ benefits, the timing of changes shall be as follows:

##### Increases in Benefits (CalWORKs and FSP)

If a reported change, other than changes in household composition or decreases in income of \$50 or more, results in an increase in benefits, the CWD must make the change effective no later than the first aid payment/allotment issued ten days after the date the change was reported to the CWD.

**For example:** A change reported on May 15 would affect the household’s benefits no later than June 1. A change reported on May 28 would result in a change to the benefits no later than July 1.

##### Increases in Benefits Due to the Addition of a New Household Member or Due to a Decrease in Income of \$50 or More

##### CalWORKs only

- Adding a person. When the AU reports the birth of a newborn or the addition of a new AU member, the CWD shall follow existing CalWORKs regulations regarding Beginning Date of Aid rules at MPP Sections 44-317.2 (add newborn) and 44-318 (add new person). If the AU is entitled to a current month supplement in accordance with these regulations, the CWD

shall ensure that the payment is made to the AU. These supplemental payments will not be used in the FS budget if this income was not anticipated.

- Loss of or decrease in income. When the AU experiences an unanticipated decrease in income of more than \$50 after the grant for the month has been issued, the CWD will make the change to the current month's aid payment and issue a supplemental payment for that month.

In order to be eligible for a current month supplement, the AU must report the \$50 (or greater) decrease in income in the current month, and within ten days of the date the change becomes known to the AU. The CWD shall request verification of the change and shall not take action to increase the grant until verification has been provided. Once the AU provides verification, the CWD shall recalculate the grant for that month and issue the supplement within ten days.

The AU does not need to report this change in writing initially, but the CWD shall follow up to obtain a written report in accordance with guidelines detailed on page 17 (Additional CWD Action – CalWORKs only).

#### FSP only

For changes that result in an increase in benefits due to the addition of a new household member, or due to a decrease of \$50 or more in gross monthly income, the CWD will refer to 63-504.422(b). For instances in which a new member is added to the household or there is a decrease in income of \$50 or more, the CWD will make the change effective not later than the month following the month in which the change is reported. If the change is reported after the 20<sup>th</sup> day of the month, the CWD will issue a supplementary authorization document or otherwise provide an opportunity for the household to obtain the increase in benefits by the 10<sup>th</sup> day of the following month, or the household's normal issuance cycle in that month, whichever is later.

**For example:** If the household reports the birth of a child on May 15, the CWD must increase the household's benefits effective June 1. If the household reports the same change on May 28, the CWD must increase benefits no later than June 10<sup>th</sup>. The change to increase benefits by the addition of the new household member is effective no later than June 1; however, the CWD must process the change by no later than the 10<sup>th</sup> of the month, or by the household's normal issuance cycle, whichever is later.

#### Decreases in Benefits (CalWORKs and FSP)

If the benefit level decreases or the household becomes ineligible as a result of a change, the CWD must issue a notice of adverse action within ten days of the date the change was reported. The decrease in benefit level must be made effective no later than the first month for which timely notice can be provided.



**For example:** A household member gets a raise on May 20 and reports the change on May 30. The CWD is unable to decrease benefits for June, as it is too late to send a timely (10-day) notice to reduce the household's benefits. The CWD must therefore send a Notice of Action (NOA) by June 9. The NOA period expires ten days after the date of the NOA, or June 19. The decrease in benefits would be effective with the July payment/allotment.

In addition, the CWD must suspend a household's benefits for one month if the household becomes temporarily ineligible because of an anticipated periodic increase in recurring income or other change that is not expected to continue in the subsequent month.

#### Additional CWD Action (CalWORKs only)

When the AU reports a change verbally, in addition to requesting that the change be verified (if required by current CalWORKs verification rules), the CWD must require that the change be reported in writing within ten days. The CWD shall send a CR form to the client when requesting verification of the change. CWDs are required to document verbal changes in the case record.

- If the AU submits sufficient verification for the CWD to determine eligibility and calculate the aid payment, but the AU fails to submit a written report, the CWD shall take action to recalculate the grant. The CWD may not discontinue the case for failure to provide a written report at this time. The AU will eventually be required to submit a written report of the change during the QR process. (See pages 18-19 for details regarding reporting prior months' changes during the QR process.)
- If the AU fails to submit the CR that the CWD mailed to the household, but provides the CWD with any written report of the change, this written report will meet the "in writing" requirements. If the written report, together with the verification, provides sufficient information to make an accurate determination of eligibility and aid payment level, the CWD shall take appropriate action.

#### Overpayments/Overissuances and Underpayments/Underissuances

Participating CWDs shall follow all applicable existing state FS regulations for the establishment of claims against households.

If the household fails to report a change within ten days or the county worker fails to act on a reported change within ten days, and the household receives benefits to which it is not entitled, a claim against the household must be filed for recoupment of overpaid benefits as specified in FSP regulation section 63-800. A household shall not be liable for a claim because of a change that it was not required to report.

CWDs must restore lost benefits and/or compute a cash aid underpayment whenever the underpayment/underissuance was caused by agency error or due to a reversal of Intentional Program Violation disqualification, or as otherwise stated in federal regulation. In the FSP, restoration of lost benefits is limited to the 12-month period prior to either a request for restoration by a household or when the state discovers the loss, whichever occurs first. (Refer to FSP regulation section 63-802.)

### **QUARTERLY REPORTING (CalWORKs and FSP)**

All CalWORKs and FS recipients (with the exception of NAFS households who are currently exempt from monthly reporting pursuant to MPP 63-505.21) will be required to complete and submit a Quarterly Report (QR) every three months. This QR must provide the CWD with all the information necessary to determine continuing financial eligibility and benefit levels. The QR must be submitted whether or not the household has experienced any changes during the three-month period covered by the QR.

Recipients shall provide detailed information for a specified month of the quarter (the Data Month), and attest, under penalty of perjury, that they have reported all required information for the specified month and any required changes for the other two months covered by the report. The QR requires recipients to report all income received for the Data Month and is not limited to income changes greater than \$100. The \$100 threshold applies only to changes reported outside of the quarterly reporting process.

Most changes that have occurred during a quarter will already have been reported and acted on through the change reporting process before the QR is due. However, CWDs shall compare information in the case record with information presented on the QR and act on the report to the extent that actual or anticipated changes are reported thereon.

In addition, it should be noted that changes may also occur during a month in which recipients are required to submit a QR. The recipient must submit the QR by the 5<sup>th</sup> of the month. The family may then experience another change after submitting the QR. That change must be reported to the county within ten days, and will be used by the CWD when determining future benefit amounts.

#### **CalWORKs only**

In addition to providing information regarding the Data Month, each CalWORKs recipient must state whether a reportable change occurred in the two months prior to the Data Month. If such a change occurred, the recipient must state whether the change was reported in writing. The CWD is responsible for reviewing the QR and comparing it with information contained in the case records. The following actions will be required based upon the CWD's comparison of the QR with case records:

- If the recipient indicates there was a change, and it was reported in writing, the CWD must verify that the case record contains a written report.
- If there was a change, but it was not reported in writing within ten days, and the recipient fails to report the change on the QR form, the CWD must request that the recipient provide the information in writing under penalty of perjury within ten days.
- If the recipient indicates there were no changes in the prior months, and the CWD determines there was a change (e.g., by recipient verbal report or via data match), the CWD must request that the recipient provide the information in writing under penalty of perjury within ten days.
- Recipients will not be required to provide written reports of information already provided in writing through the change reporting process.

When it has been determined that the recipient did not report a prior change in writing or on the QR or the county has no record that a report was made, and the recipient fails to provide a written report requested by the CWD, the CWD shall terminate cash aid in accordance with timely and adequate notice provisions at MPP Sections 22-071 and 22-072. CWD's must also continue to use existing guidelines for determining if family members would remain eligible for Medi-Cal benefits after cash aid is terminated.

#### FSP only

FS households may report changes verbally, in writing, or in person. If the recipient previously reported a change by any of these methods, the CWD will not require the recipient to report the change again on the QR. The household must affirm on the QR that required changes have been reported for the prior two months.

However, if the household states on the QR that it experienced a change in a prior month, but had not previously reported the change or the county has no record that a report was made, the household must report that change on the QR. If the household fails to report the change on the QR, the county will request that the household provide the information in writing under penalty of perjury within ten days. If a written report is not provided within ten days, the CWD shall terminate FS benefits in accordance with existing timely and adequate notice provisions.

#### CalWORKs and FSP

Deadlines. The recipient must complete and return the QR to the county by the 5<sup>th</sup> calendar day of each Submission Month, but not before the first calendar day of that month. If a QR is not received by the 11<sup>th</sup> of the month, the CWD shall provide the AU/household with a NOA indicating that the QR has not been

submitted, and if not provided to the CWD by the end of the month, benefits will be terminated.

If the recipient submits a QR that is incomplete, the CWD must send a NOA to the AU/Household indicating that the form was incomplete and that the recipient must provide a complete report by the end of the month or benefits will be terminated. The CWD must provide the recipient with a copy of the incomplete report along with the NOA and indicate what information is necessary in order to consider the report complete.

Late QR. If the recipient provides the CWD with a complete QR any time after the 11<sup>th</sup> of the month but on or before the first working day of the following Payment Month, the CWD shall rescind the discontinuance action and determine cash aid and FS eligibility based on information provided on the QR.

#### CalWORKs only

Balderas Contact. If the CWD has provided the household with the notice of discontinuance, and the household fails to submit the QR timely, the CWD must attempt to make a personal contact with the recipient (by telephone or in person) to remind the recipient of the need to submit the QR form. The Balderas reminder contact provisions at MPP Section 40-181.221b shall be used in the CR/QR system, including the timing and content of the reminder contact. If unable to make a personal contact, counties must send a written notice to the recipient as a reminder to submit a complete report before the deadline.

#### COMPLETENESS CRITERIA FOR THE QR (CalWORKs and FSP)

The recipient must answer all questions on the QR form or the form will be considered incomplete. The answers, together with submitted evidence/verifications, must be sufficient for the CWD to determine eligibility and benefit amounts for the AU/household.

If elements pertaining to one program's requirements are missing from the QR submitted for both programs, the QR shall be considered incomplete for that program only. It will be considered complete for the other program.

#### CalWORKs only

Completeness criteria specified in MPP Section 40-181.24 shall be used to determine if the report is complete. This section includes requirements such as who is responsible for signing the form, when the report form must be signed, complete reporting of all income received in the Data Month, and providing verification of all income and changes. In addition to the criteria specified at MPP Section 40-181.24, CWDs must also ensure that recipients answer all questions regarding income from prior months, as well as questions about changes that occurred in prior months. If the recipient fails to answer these questions, the form will be considered incomplete. Note: if a recipient indicates that there were no changes in a prior month, (s)he does not need to complete the questions asking if (s)he notified the county of the change.

### FSP only

The report is considered complete if:

- It is dated no earlier than the first day of the Submission Month. This shall not apply if the first day of the Submission Month falls on a non-postal delivery day, the QR is mailed by the CWD for delivery on the last postal delivery day of the Data Month; and, the recipient signs and dates the QR on or before the last day of the Data Month.
- The QR is signed by the head of household, authorized representative, or responsible household member.
- All questions and items pertaining to food stamp eligibility are fully answered and provide the CWD with the information to correctly determine eligibility and benefit level.
- Necessary documentation is attached.
- Questions regarding the prior months are answered. As in the CalWORKs program, if the recipient indicates no changes occurred in either of the two prior months, the report will not be considered incomplete if (s)he does not answer the question regarding whether the county was notified.
- If the recipient indicates that a change occurred in a prior month and the household did not previously report the change, the recipient must report the change on the QR at this time. If the recipient fails to report the previously unreported change on the QR, the QR will be considered incomplete.

### GOOD CAUSE FOR FAILURE TO REPORT TIMELY

#### CalWORKs only

If the county determines the recipient had good cause for not providing a complete and timely QR, the county must rescind any discontinuance action taken for failure to submit a complete report. Good cause criteria at MPP Section 40-181.23 shall be used to determine if the recipient had a good reason for not submitting a complete report in a timely manner.

CDSS anticipates that the first three to six months of implementation could prove to be difficult and confusing for both recipients and county staff. CWDs must therefore apply good cause provisions liberally during the initial six months of implementation for recipients who initially do not meet their reporting requirements. Eligibility staff can do this by taking into account and documenting in case files any problems that the recipient may be experiencing in understanding the new CR/QR reporting rules. It should be noted that CWDs should always take into account a recipient's ability to understand reporting rules when good cause is being considered, but it is particularly important to be lenient during the initial months of implementation.

When a CalWORKs recipient who has been discontinued for failure to submit a QR requests restoration of CalWORKs during the calendar month following discontinuance, but after the first working day, the CWD shall determine if the

recipient had good cause for failure to submit a complete and timely report. If the CWD determines that recipient had good cause for failure to turn in the QR, the discontinuance action shall be rescinded, eligibility redetermined, and the grant amount computed based on information contained in the completed QR. (Regulations regarding timely and adequate noticing provisions must be followed when recomputing grants. That is, if a complete QR is submitted after the 10-day notice deadline, and the reported changes would result in a decrease to the grant, the change may not be made until a 10-day notice of adverse action can be provided to the recipient.) If the CWD determines that the recipient did not have good cause for failure to submit a complete QR, the CWD shall redetermine eligibility in accordance with Sections 40-125.91 and .92 (Requests for Restoration of Aid).

### FSP only

If an eligible household has been terminated for failure to file a complete QR, and then files a complete report after the extended filing date, but before the end of the issuance/payment month, the CWD shall determine good cause as provided in CalWORKs MPP Section 40-181.23. If good cause is determined, the discontinuance must be rescinded and benefits restored for the issuance month. As in the CalWORKs program, CWDs should apply good cause provisions liberally during the first six months of implementation. If good cause is not determined to exist, a new FS application must be taken and eligibility determined from the date of the new application.

## **PROSPECTIVE BUDGETING**

### CalWORKs and FSP

Existing state FSP regulations for prospective budgeting will be used for determining initial and ongoing household eligibility and benefit levels for both CalWORKs cash aid and FS benefits. The prospective budgeting system uses a household's anticipated circumstances for determining eligibility and benefits in future months.

To anticipate income for purposes of determining the household's eligibility and benefit levels, the CWDs shall consider income already received by the household during the month of application and any anticipated income the household and the CWD are reasonably certain will be received during the certification period and/or future payment months. If a household is anticipating income from a new source, such as a new job, but is uncertain as to the timing and amount of the initial payment, CWD shall not anticipate receipt of the income unless there is reasonable certainty concerning the amount and the anticipated date of receipt of the income.

Reasonable certainty is the knowledge that income or a payment has been approved and authorized and will be received by the household within the month. Anticipated receipt of earned income, such as income from a new job, will only be counted if it can be determined with "reasonable certainty" that a specific amount of earnings will be received within the month.

**For example:**

- A household reports that a member will be employed during the month, and the payday falls within the month. In this instance, income can be reasonably anticipated for budgeting purposes.
- A household reports that a member has been approved for State Disability Insurance (SDI). The household member has not received an actual award letter or check at the time she reports approval for SDI. It cannot be reasonably anticipated that the SDI check will be received during the month. Therefore, the CWD would not use the SDI in the budget for the payment month.

Although income received in a prior month shall be used as an indicator of income that is and will be available to the household, the CWD shall not use past income as an indicator if changes in income have already occurred or can be anticipated. If income fluctuates to the extent that a one-month period is insufficient to anticipate future income, a longer prior period may be used if it will provide a more accurate indication of future income.

The CWD is responsible for documenting the reported change in the case file and for requesting adequate verification of the change. In addition, CWDs will be responsible for documenting how it arrived at the anticipated income amount used in determining the recipient's benefits. This case documentation will be crucial to CWDs during quality control reviews (for the FSP), in determining work participation hours for an AU/household, in providing evidence for State Hearings and in explaining to recipients how grant levels and FS benefits were determined.

**CalWORKs only**

A CalWORKs household that receives a lump sum that could not be reasonably anticipated will not have the income budgeted against their grant. The lump sum will count as property if it is retained beyond the initial month of receipt. The recipient is required to report the income to the CWD. Transfer of income rules continue to apply regardless of whether or not the lump sum was used in calculating the grant. This is consistent with existing CalWORKs rules.

**INCOME AVERAGING****CalWORKs and FSP**

Income shall be counted only for a month in which it is expected to be received unless the income is averaged. If the receipt of income is reasonably certain but the monthly amount may fluctuate, the household may elect to income average. To average income, the CWD shall use the household's anticipation of income fluctuations over the certification period, though the number of months used to arrive at the average need not be the same as the number of months in the certification period. When a full month's income is anticipated, but it is received on a monthly or biweekly basis, the income shall be converted to the monthly amount by multiplying weekly amounts by 4.3 and biweekly

amounts by 2.15. Households receiving income on a recurring weekly or semimonthly basis shall not have their income adjusted from the previously averaged amount due to the receipt of an additional payment in a given month. When income is being averaged, recipients are not required to report changes that are solely due to the receipt of the 5<sup>th</sup> paycheck, if paid weekly, or a 3<sup>rd</sup> paycheck, if received biweekly.

CWDs shall advise households that they have the option of electing to income average and shall explain the impact on the household should they choose this option.

AB 510 reporting requirements still apply for changes in the household's circumstances, regardless of whether income averaging is used. In other words, if the household's income is being averaged, and they experience a change of income in excess of \$100 from the last reported amount, that change must be reported.

## **VERIFICATION REQUIREMENTS**

### **CalWORKs and the FSP**

All reported changes must be verified for both CalWORKs and the FSP. Required verification includes, but is not limited to, changes in:

- Gross income (earned and unearned), if the source has changed or the monthly amount has changed;
- Social Security numbers and the non-citizen/student/disability status of new household members;
- Any other factors of eligibility that appear questionable;
- Deprivation (CalWORKs only);
- Homeless shelter expenses if the household claims expenses that exceed the homeless shelter standard (FS only);
- Voluntarily reported medical expenses in excess of \$25 if the change would increase the household's food stamp allotment (FS only); and
- The legal obligation to pay child support and/or change in the amount, if more than \$100 (FS only).

**For example:** A recipient is legally obligated to pay \$50 in child support each month. In a recent court order, the amount was increased to \$155 per month. Since the change is more than \$100, the recipient is required to report and verify the change.

For the FSP, changes reported during a certification period will be subject to the same verification requirements that apply at initial certification (MPP Section 63-300.5).

With the exception of the county option to verify changes in shelter costs (other than actual utility expenses) for the FSP, changes that result in an increase in the household's benefits are to be verified prior to taking action on the changes. Households will be allowed ten days from the date the change is reported to provide the required verification. If the verification is provided timely, then original



timeframes apply. In other words, timeframes for making the changes will run from the date the change was reported, not from the date of verification. If verification is not provided timely, then timeframes for acting on changes are based on the date the verification is provided.

### **REDETERMINATION OF ELIGIBILITY FOR CalWORKs**

The CWD shall continue to apply all existing regulations for the redetermination of CalWORKs eligibility with the following exception:

CWDs may waive the face-to-face interview for CalWORKs cases that do not receive Food Stamps if the county determines the recipient has had regular contact with the county through CalWORKs or other similar programs and has provided sufficient information to allow the CWD to accurately determine eligibility and to calculate benefits.

### **RECERTIFICATION FOR FOOD STAMPS**

The CWD shall continue to follow all applicable existing FS regulations (MPP Section 63-504.6) for the recertification of eligible households, with the following exception:

- FS cases that require recertification more often than once per year may have face-to-face interviews waived for all but one recertification if the FS case is linked to a companion CalWORKs or General Assistance (GA) case. However, if the recipient requests a face-to-face interview, the CWD must grant the interview.

The face-to-face interview requirement **may not** be waived for any other non-assistance food stamp (NAFS) households certified more often than annually. In other words, NAFS households not receiving GA benefits are subject to the face-to-face interview requirement at every recertification.

### **INTERCOUNTY TRANSFERS**

Cases that are transferred from a CR/QR county will be prospectively budgeted for the first two months by the receiving non-CR/QR county. Cases that are transferred from a non-CR/QR county into a CR/QR county will also be prospectively budgeted. This will ensure consistency in budgeting and will not disadvantage recipients entering or leaving a CR/QR county.

### **PROGRAM INTERFACE**

EMPLOYMENT PROGRAMS (CalWORKs and FSP) – CWDs participating in CR/QR are required to track hours of employment for purposes of monitoring CalWORKs and ABAWD participation requirements and for determining work participation rates. It is recommended that eligibility staff work with employment staff to ensure that the number of hours worked are documented in the case file.

REFUGEE CASH ASSISTANCE (RCA) Program – The RCA program is in the process of developing regulations that allows CWDs to use CalWORKs rules for reporting and budgeting, which will permit CR/QR counties to apply the CR/QR system to their RCA population. It is anticipated these RCA regulations will be in place when counties begin implementing CR/QR.

FOSTER CARE - The Foster Care program will not be impacted by the requirements of the CR/QR system.

The KinGAP program in a CR/QR county will use change reporting only. When a CalWORKs household contains a KinGAP child, a QR form must be submitted to the CWD for the CalWORKs assistance unit only.

MEDI-CAL – The Medi-Cal program is eliminating quarterly reporting effective January 1, 2001 and will use change reporting rules only.

ATTACHMENT A1  
**Quarters Based on Application Date**

This model requires CWDs to consider a client's application month as the Payment Month. This month will begin the Quarterly Reporting (QR) cycle for the new reporting system. Clients will be assigned to one of three cycles, based on their application date. For purposes of discussing months within the cycle, the following definitions will apply:

- **Payment Month** – the month in which benefits are paid. The month of application will be considered a “payment month” for purposes of identifying the appropriate client reporting cycle, regardless of whether benefits are issued in that month or as a supplemental payment in a subsequent month.
- **Data Month** – the month for which the client reports all information necessary to determine financial eligibility. Even though this is the primary month from which eligibility information is gathered, the QR form will also be designed to obtain information specified in AB 510 for the two months prior to the Data Month.
- **Submission Month** – The month in which the QR form is required to be submitted to the CWD.

<u>January</u> (Application Month)	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Payment Month	Data Month	Submission Month	Payment Month	Data Month	Submission Month

<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Payment Month	Data Month	Submission Month	Payment Month	Data Month	Submission Month
					RV/RC due

<u>January</u> (13 <sup>th</sup> month)
Payment Month
New FS Cert Period

The following cycles would be assigned to each applicant, based on application date.

**Cycle 1:**

Application/Payment Month	Data Month	Submission Month
January	February	March
April	May	June
July	August	September
October	November	December

**Cycle 2:**

Application/Payment Month	Data Month	Submission Month
February	March	April
May	June	July
August	September	October
November	December	January

**Cycle 3:**

Application/Payment Month	Data Month	Submission Month
March	April	May
June	July	August
September	October	November
December	January	February

This system enables CWDs to align the reporting/budgeting cycle with the FS recertification date. The month in which the certification period expires will always be the Submission Month, which will be when the recertification can be completed to set up the thirteenth month's allotment.

ATTACHMENT A2  
**Quarters Based on Terminal Digits**

This model requires CWDs to assign a client to a Quarterly Reporting (QR) cycle based on the last digit of their case number. Once the appropriate cycle is determined, the CWD will need to set up the FS certification period so that it aligns with the QR cycle in such a way that the certification period expires at the end of a “Submission Month” (month in which a QR is due). This will require counties to establish 10-, 11-, or 12-month certification periods during the client’s first year of eligibility dependent upon the reporting cycle assigned to them. For the purpose of identifying the months within the QR reporting cycle, the following definitions will apply:

- **Payment Month** – the month in which benefits are paid/issued.
- **Data Month** – the month for which the client reports all information necessary to determine financial eligibility. Even though this is the primary month from which eligibility information is gathered, the QR form will also be designed to obtain information as specified in AB 510 for the two months prior to the Data Month.
- **Submission Month** – The month in which the QR form is required to be submitted to the CWD.

**Cycles:**

Cycle 1 will be assigned to cases ending in 0, 1, 2 and 3. Their Submission Months will be January, April, July and October.

Cycle 2 will be assigned to cases ending in 4, 5 and 6. Their Submission Months will be February, May, August and November.

Cycle 3 will be assigned to cases ending in 7, 8 and 9. Their Submission Months will be March, June, September and December.

**Special Features:**

- The first month in which the initial QR form will be due will differ for recipients depending on their assigned cycle. Recipients could be required to submit their first QR in their second, third or fourth month after the application month, depending on their assigned cycle.
- The CWD will be required to adjust the length of the certification period in the first year so that it aligns with the reporting cycle in such a way that the recertification interview occurs in a Submission Month.
- This system allows for all programs (CalWORKs, FSP, Medi-Cal and General Assistance) to be compatible in the assignment of the quarterly reporting cycle months.

The three charts that follow will show what each cycle looks like in a recipient’s first year of aid. Each chart will use February as the month of application.

## Quarters Based on Terminal Digits

### **Cycle 1: Case Number 30-22200**

January	February (Application Month)	March	April	May	June
XXXXXXXXXXXXX	Payment Month	Data Month	Submission Month	Payment Month	Data Month
			1 <sup>st</sup> month recipient submits QR form		

July	August	September	October	November	December
Submission Month	Payment Month	Data Month	Submission Month	Payment Month	Data Month
			FS Certification Expires 10/31	New FS Certification Period	

January
Submission Month

- Cycle 1 will require the CWD to certify the household for a 10-month FS certification period.
- The first month in which the recipient in Cycle 1 must submit a QR form will be the second month following the month of application (April).

## Quarters Based on Terminal Digits

Cycle 2: Case Number 30-22204

January	February (Application Month)	March	April	May	June
XXXXXXXXXXXXX	Submission Month	Payment Month	Data Month	Submission Month	Payment Month
				1 <sup>st</sup> month recipient submits QR form	

July	August	September	October	November	December
Data Month	Submission Month	Payment Month	Data Month	Submission Month	Payment Month
				FS Certification Expires 11/31	New FS Certification Period

January
Data Month

- Cycle 2 will require the CWD to certify the household for an 11-month FS certification period.
- The first month in which the recipient in Cycle 2 submits a QR form will be the third month following the application month (May).

## Quarters Based on Terminal Digits

Cycle 3: Case Number 30-22209

January	February	March	April	May	June
XXXXXXXXXXXXX	Data Month	Submission Month	Payment Month	Data Month	Submission Month
	Month of Application	1 <sup>st</sup> month recipient submits a QR form -?-			1 <sup>st</sup> month recipient submits a QR form -?-

July	August	September	October	November	December
Payment Month	Data Month	Submission Month	Payment Month	Data Month	Submission Month
					FS Certification Expires 12/31

January
Payment Month
New FS Certification Period

- Cycle 3 will require the CWD to certify the household for a 12-month certification period.
- The first month in which the recipient in Cycle 3 submits a QR form will be the fourth month following the month of application (June). (Note: The first QR will provide all information about May, and will indicate whether changes occurred in and were reported for the months of March and April. The only month for which there is no official report will be the month of application.)



## ATTACHMENT B

### **INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES IN THE CalWORKs AND FOOD STAMP PROGRAMS**

An Intentional Program Violation (IPV) means that a determination of fraud has been found by a state or federal court, by admission of an individual by signing a disqualification consent agreement, or pursuant to an Administrative Disqualification Hearing/waiver.

#### **CalWORKs IPV Penalties**

##### **Permanent Penalty for:**

- individuals found in state or federal court, or pursuant to an administrative disqualification hearing decision, to have committed any of the following acts:
  - made fraudulent statements or representation regarding their place of residence, in order to receive assistance simultaneously, from two or more states or counties,
  - submitted false documents for nonexistent or ineligible children,
  - received cash benefits in excess of \$10,000 through fraudulent means; or
- individuals convicted of felony fraud, in a state or federal court, for theft of \$5,000 or more; or
- individuals with a third conviction of fraud in a state or federal court, or pursuant to an administrative hearing decision; or
- individuals found in state or federal court, or pursuant to an administrative disqualification hearing decision, to have committed upon **the third occasion** any of the following acts:
  - making a false or misleading statement or misrepresenting, concealing, or withholding facts,
  - committing any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity, or
  - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of that aid.

##### **Five-year penalty for:**

- individuals convicted of felony fraud in a state or federal court, not meeting permanent penalty criteria and the theft is more than \$2,000 but less than \$5,000.

#### **Four-year penalty for:**

- individuals found in state or federal court, or pursuant to an administrative disqualification hearing decision, to have committed upon **the second occasion** any of the following acts:
  - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid, in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of the aid.

#### **Two-year penalty for:**

- individuals convicted of felony fraud in a state or federal court, not meeting permanent penalty criteria and the theft is less than \$2,000; or
- individuals found in state or federal court, or pursuant to an administrative disqualification hearing decision, to have committed upon **the first occasion** any of the following acts:
  - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid, in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of that aid.

#### **Twelve-month penalty for:**

- individuals found in state or federal court, or pursuant to an administrative disqualification hearing decision, to have committed upon **the second occasion** any of the following acts:
  - making a false or misleading statement or misrepresenting, concealing, or withholding facts;
  - committing any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

#### **Six-month penalty for:**

- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the first occasion** any of the following acts:
  - making a false or misleading statement or misrepresenting, concealing, or withholding facts;
  - committing any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

## **Food Stamp IPV Penalties**

### **Permanent disqualification for:**

- individuals convicted by a court of appropriate jurisdiction of:
  - trafficking food stamp benefits of \$500 or more.
  - a **first** violation for trading food stamps for firearms, ammunition, or explosives.
  - a **second** violation for trading food stamps for a controlled substance.
- individuals found to have committed a **third** intentional program violation either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

### **10-year penalty for:**

- individuals found through an administrative disqualification hearing or a court of appropriate jurisdiction to have falsified the identity or place of residence of the individual in order to receive multiple food stamps simultaneously.

### **24-month penalty for:**

- individuals convicted by a court of appropriate jurisdiction of a **first** violation for trading food stamps for a controlled substance.
- individuals found to have committed a **second** IPV, either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

### **12-month penalty for:**

- individuals found to have committed a **first** IPV, either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

## ATTACHMENT C

### **FEDERAL WAIVERS**

AB 510 directed CDSS to seek waivers from the Food and Nutrition Service (FNS) to achieve maximum compatibility between the CalWORKs and FS programs. Through extensive negotiations with FNS, CDSS was able to obtain the more significant waivers needed to maximize compatibility between the two programs. FNS granted the following waivers that were necessary to implement CR/QR in the Food Stamp Program (FSP):

- Addition of a quarterly reporting component to the change reporting system used in the FSP for all households with the exception of current nonmonthly reporting households;
- Increase in the existing income reporting threshold in the FSP from \$25 to \$100 for changes in income (earned and unearned); and
- Increase of the threshold to \$100 for changes in shelter costs and changes in the legal obligation to pay child support.

The following waivers were not approved by FNS:

- The authority to waive the face-to-face interview for the annual recertification in the FSP;
- The authority to require all FSP recipients to report all changes in writing; and
- The authority to allow CWDs to act only on reported changes that are over the \$100 income reporting threshold.

QUARTERLY REPORT - For Cash Aid and Food Stamps

DATA MONTH

- Complete, sign and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof, your benefits may be delayed, changed or stopped. **Attach a separate sheet of paper if needed.**
- You must notify the county within 10 days of when a change happens that may affect your eligibility for, or the amount of, your benefits. For cash aid, you must report your change in writing.
- Answer all questions for everyone in your household including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker.

Worker:

Phone:

COMPLETE BOTH SECTIONS FOR PRIOR MONTHS AND DATA MONTH BELOW

PRIOR MONTHS	DATA MONTH																																																		
<p>Did anyone get money or benefits from a job, training or any other source during these months?</p> <div>Month 1Month 2</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO<input type="checkbox"/> YES <input type="checkbox"/> NO</div> <p>Did anyone's income, from ANY source, change by \$100 or more during these months?</p> <div>Month 1Month 2</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO<input type="checkbox"/> YES <input type="checkbox"/> NO</div> <p>If Yes, did you notify the county?</p> <div>Month 1Month 2</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO<input type="checkbox"/> YES <input type="checkbox"/> NO</div> <p>If No, tell us what changed, when and how much. Attach proof:</p> <p>_____</p> <p>Did you notify the county in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did anyone have a change in child/dependent care or child support payment?</p> <div>Month 1Month 2</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO<input type="checkbox"/> YES <input type="checkbox"/> NO</div> <p>If Yes, did you notify the county?</p> <div>Month 1Month 2</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO<input type="checkbox"/> YES <input type="checkbox"/> NO</div> <p>If No, tell us now about any changes in income. Attach proof:</p> <p>_____</p> <p>Did you notify the county in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>① A. Did anyone get money from a job or training program? List below all money from your job or training including, but not limited to, any tips, vacation pay or income in kind, such as earned housing. List gross amounts (before deductions) for each pay stub. Attach copies of pay stubs or other proof of earnings. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>If self-employed:</b> <b>For Food Stamps:</b> List business costs on a separate sheet of paper and attach proof of income and expenses. <b>For Cash Aid:</b> Attach proof of income. If you claim actual expenses, list business expenses on a separate sheet of paper and attach proof of expenses.</p> <p>B. Did anyone receive any benefit from any other source? List below any unearned income including, but not limited to, child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarship, tax refunds; any government benefits like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment workers compensation, state disability indemnity, veterans or railroad retirement; other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>Attach proof.</b></p> <table><thead><tr><th>WHO GOT INCOME?</th><th>Gross Amount</th><th>\$</th><th>\$</th><th>\$</th><th>\$</th><th>\$</th></tr></thead><tbody><tr><td>SOURCE/EMPLOYER'S NAME (✓)</td><td>Date received</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER</td><td>No. of hours worked</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <table><thead><tr><th>WHO GOT INCOME?</th><th>Gross Amount</th><th>\$</th><th>\$</th><th>\$</th><th>\$</th><th>\$</th></tr></thead><tbody><tr><td>SOURCE/EMPLOYER'S NAME (✓)</td><td>Date received</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER</td><td>No. of hours worked</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <p>② Did anyone above pay for care of a child, disabled person or other dependent while working, seeking work, or in training? If Yes, list here and attach proof. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table><thead><tr><th>NAME OF PERSON WHO RECEIVED CARE</th><th>COST</th><th>NAME OF PERSON WHO RECEIVED CARE</th><th>COST</th></tr></thead><tbody><tr><td></td><td>\$</td><td></td><td>\$</td></tr></tbody></table> <p>③ Did anyone who gets food stamps pay court ordered child support this month? If Yes, list the amount they paid. Tell us about any changes in the court order. Attach proof. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	WHO GOT INCOME?	Gross Amount	\$	\$	\$	\$	\$	SOURCE/EMPLOYER'S NAME (✓)	Date received						<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	No. of hours worked						WHO GOT INCOME?	Gross Amount	\$	\$	\$	\$	\$	SOURCE/EMPLOYER'S NAME (✓)	Date received						<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	No. of hours worked						NAME OF PERSON WHO RECEIVED CARE	COST	NAME OF PERSON WHO RECEIVED CARE	COST		\$		\$
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	\$		\$																																																

COUNTY USE ONLY:

E.W. Initials

Date:

COMPLETE BOTH SECTIONS FOR PRIOR MONTHS AND DATA MONTH BELOW

DATA MONTH

PRIOR MONTHS	DATA MONTH																											
<p>Did anyone move in or out of your house, or did you move in with someone else?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, did you notify the county?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, tell us now about these household changes:</p> <p>_____</p> <p>Did you notify the county in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did your shelter costs change by more than \$100 during the month?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, did you notify the county?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, tell us now about these new shelter costs and attach proof:</p> <p>_____</p> <p>Did you notify the county in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have other changes to tell us about?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, did you notify the county?</p> <p><b>Month 1</b>      <b>Month 2</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO      <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, tell us now about these changes. Attach proof:</p> <p>_____</p> <p>Did you notify the county in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>4</b> Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody, confinement after conviction, or in violation of probation or parole? If Yes, who: _____ Date: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>5</b> Has any member of the household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for crimes committed after Aug. 1, 1996. If Yes, complete below: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FULL NAME OF PERSON(S)</td> <td style="width:10%;">RELATIONSHIP TO YOU</td> <td style="width:15%;">DATE DRUG CRIME COMMITTED</td> <td style="width:15%;">DATE OF FELONY CONVICTION</td> <td style="width:35%;">CONVICTION WAS FOR (✓) <input type="checkbox"/> POSSESSION <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/> USE</td> </tr> </table> <p><b>6</b> Did anyone move in or out of your home, or did you move in with someone else? Include new tenants, temporary absences, anyone who died, entered or left a hospital, etc. If Yes, complete below. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME OF PERSON</td> <td style="width:25%;">RELATIONSHIP TO YOU</td> <td style="width:40%;">EXPLAIN, WHAT CHANGED</td> <td style="width:10%;">DATE OF CHANGE</td> </tr> </table> <p><b>7 A.</b> Have you moved? Complete this section only if you have moved or have a new mailing address. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT. NO.</td> <td style="width:25%;">CITY</td> <td style="width:25%;">STATE</td> <td style="width:25%;">ZIP CODE</td> </tr> </table> <p><b>B.</b> If Yes, what are your new shelter costs? If you are getting food stamps, you may be asked to provide proof of your new shelter costs.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Are you paying rent? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width:20%;">If Yes, how much? \$</td> <td style="width:40%;">Date of Change</td> </tr> <tr> <td>Are you paying utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>If Yes, how much? \$</td> <td>Date of Change</td> </tr> </table> <p><b>8</b> Does anyone have anything else to report? Include expected changes. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>Attach proof, including any costs.</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> <b>Income:</b> Start, stop, changes. Attach proof.</p> <p><input type="checkbox"/> <b>Job/Training:</b> Start, stop, refused, change in number of hours. Attach proof.</p> <p><input type="checkbox"/> <b>Money or Benefits:</b> From any source - support payments, gifts, anything free. Attach proof.</p> <p><input type="checkbox"/> <b>School Ages 6 through 17:</b> Start or stop attending regularly.</p> <p><input type="checkbox"/> <b>School Ages 16 or older:</b> Start or stop school, tuition costs, transportation cost. Attach proof.</p> <p><input type="checkbox"/> <b>Household:</b> Changes of who lives with you.</p> <p><input type="checkbox"/> <b>Dependent Care:</b> Start, stop, change what you pay others. Attach proof.</p> <p><input type="checkbox"/> <b>Child Support:</b> Food Stamps only: Changes in court order. Attach proof.</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>Marital:</b> Marry, divorce, separate. Attach proof.</p> <p><input type="checkbox"/> <b>Medical Costs:</b> Over age 60 or disabled report new medical costs.</p> <p><input type="checkbox"/> <b>Property:</b> Buy, sell, trade, give away home, land, vehicles, etc.</p> <p><input type="checkbox"/> <b>Checking/Savings:</b> Open, close, balance changes.</p> <p><input type="checkbox"/> <b>Babies:</b> Become pregnant, have a baby, abort or miscarry.</p> <p><input type="checkbox"/> <b>Citizenship/Immigration Status:</b> Status change. Attach proof.</p> <p><input type="checkbox"/> <b>Disability:</b> Become disabled or recover from injury or illness.</p> <p><input type="checkbox"/> <b>Medical Insurance:</b> Start, stop or change life, health, dental coverage.</p> <p><input type="checkbox"/> <b>In-Home Supportive Services (IHSS):</b> Start or stop getting services.</p> <p><input type="checkbox"/> Other _____</p> </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME OF PERSON(S)</td> <td style="width:25%;">RELATIONSHIP TO YOU</td> <td style="width:40%;">EXPLAIN WHAT HAPPENED</td> <td style="width:10%;">DATE OF CHANGE</td> </tr> <tr> <td>NAME OF PERSON(S)</td> <td>RELATIONSHIP TO YOU</td> <td>EXPLAIN WHAT HAPPENED</td> <td>DATE OF CHANGE</td> </tr> </table>	FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (✓) <input type="checkbox"/> POSSESSION <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/> USE	NAME OF PERSON	RELATIONSHIP TO YOU	EXPLAIN, WHAT CHANGED	DATE OF CHANGE	NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT. NO.	CITY	STATE	ZIP CODE	Are you paying rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how much? \$	Date of Change	Are you paying utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how much? \$	Date of Change	NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE	NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
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NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE																									

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE DATA MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

**9** I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire reporting period.  
I understand the facts I report may result in my benefits going up, down, or being stopped.

**WHO MUST SIGN BELOW:** For cash aid: you, your aided spouse and any other parent of cash aided children if living in the home.  
For food stamps: the head of household, household member or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ( )	CONTACT PHONE ( )
SIGNATURE OF AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED

## HOW TO FILL IN YOUR CW 7Q - QUARTERLY ELIGIBILITY REPORT

- **Save this notice and use it to help you fill out your CW 7Q (Quarterly Eligibility Report).** If you need help with how to fill in your report or what to report, call your worker.
- **Answer each question for BOTH the Prior Month and Data Month.** If you say "Yes" to the question, give the facts and attach proof when the form asks for it. Sign and date the CW 7Q in item 9. The date you sign the CW 7Q must be after the last day of the data month.
- **The county uses the facts you give to see if you and your household members continue to be eligible for benefits and to figure the amount of aid and benefits you should get.**

### If Your Family Gets Cash Aid (AND Food Stamps), Report Facts for:

- All children - natural, adopted, stepchildren.
  - All parents - natural, adopted, stepparents.
  - Other aided relatives of the children.
  - Yourself and your spouse.
  - Anyone who is temporarily absent from the home.
- **If your family gets cash aid (AND food stamps (or food stamps only), report facts for:** All children, all related adults, and others who buy or prepare food with you.

### To fill in Prior Months Section

Answer Yes or No for each month listed. If you have not reported a change for a prior month, give us the facts and attach proof when indicated. Attach a separate sheet of paper if needed.

### To fill in Data Month Section

#### Question 1A

Give us the facts about anyone in the household that got money from a job or training program. Include wages, tips, vacation pay, income in kind such as earned housing. List gross amounts (before deductions) for each pay stub. Attach copies of pay stubs or other proof of earnings. If self-employed, list business costs or expenses and income. Attach proof such as copies of quarterly/annual income tax reports, monthly profit and loss statements.

#### Question 1B

Gives us the facts about anyone who got money or benefits from any other source. List any unearned income like child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability or unemployment insurance, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. Attach proof like copies of receipts or statements.

#### Question 2

Give the facts for anyone listed in Question 1A who got income and paid for care of a child, disabled person or other dependent while working, seeking work, or in training. List the person who received care and costs. Attach proof like copies of receipts, bills, or cancelled checks that show the cost of the care and the names of the person who received care, who paid for the care and who gave the care.

#### Question 3

Give the facts for household members who get food stamps and pay court ordered child support during the month. Court ordered child support is the payment that a legal document or court of law says must be made to a person for a child who is not in your home. Include payments made by a stepparent. List the amount paid. Attach proof of any change to the order such as a copy of the court order or any papers making changes to that order.

#### Question 4

Give the facts for any household member who is avoiding or running from the law to avoid prosecution or custody or confinement or in violation of probation or parole. A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them. A person is considered in violation of parole or probation when parole/probation is revoked or an arrest warrant is issued. The original crime for which parole/probation was ordered could be for a felony or a misdemeanor.

#### Question 5

Give the facts about any household member who has been convicted of a drug-related felony for possession, use, or distribution of a control substance(s). Give facts for crimes committed after August 22, 1996. Controlled substance(s) is any drug whose availability is restricted by federal or state law, including, but not limited to, narcotics, stimulants, depressants, hallucinogens, and marijuana.

#### Question 6

Give us the facts for the changes in your household. Include newborns, temporary absences, anyone who died, entered or left a hospital, etc.

#### Question 7

Complete this section only if you have moved or have a new mailing address. Give us your new shelter costs. If you get food stamps, you may be asked to provide proof of your new costs. Proof of new shelter costs include copies of receipts or bills for rent, mortgage payment; insurance and property taxes when they are not part of your mortgage payment; heating, cooling, phone bills, etc.

#### Question 8

Give us the facts for any other change that affects your eligibility for, or the amount of, your benefits. Check box(es) that apply, give us the facts for each change and attach proof when the type of change calls for it. Include expected changes by giving the facts and the date you expect to make the change.

## Certification 9

Complete, sign and date this report AFTER the last day of the data month. You sign the report under penalty of perjury that the information you give is true, correct and complete. A complete CW 7Q is one that:

- Answers all the Yes / No questions for **Prior Month**; and
- Gives all facts for changes that were you did not report until now; and
- Gives all the facts filled in for the **Data Month**.

Facts you report may result in your benefits being lowered or being stopped.

## YOUR HEALTH COVERAGE AND FOOD STAMPS MAY CONTINUE WHEN YOUR CASH AID STOPS

If you choose to go off cash aid, tell your worker the reason you are stopping your cash aid. **Here's why:**

- After your cash aid stops, you and your child(ren) may still be eligible for Food Stamps even if you are employed.
- You and/or your child(ren) may be eligible for continued no cost health coverage depending on the reasons your cash aid stops and/or other facts in your case.
- You and/or your child(ren) may be eligible for no cost health coverage under the Transitional Medi-Cal program (TMC) if you go off cash aid because your earnings went up. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. You may also be eligible for TMC if your cash aid stops because you get married or your spouse returns to the home.
- You can tell the worker why you want to stop your cash aid by:
  - Filling out and returning your CW 7Q ( or CW 7C) or the TMC Request Form for Working Persons; or
  - Calling the county.

## PERJURY AND FRAUD ARE CRIMES

If on purpose you give us facts that are wrong, or you do not report all facts about your income, property, or family status to get or keep getting aid or benefits, you can be legally prosecuted. And you may be charged with committing a felony if more than \$400 in cash aid, food stamps, and/or Medi-Cal State CMSP is wrongly paid out. **You may be given penalties for Cash Aid or Food Stamp Fraud.**

**Penalties for cash aid fraud:** If on purpose you do not follow cash aid rules, your benefits can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 5 years. Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third.
- For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, or forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amount of \$2,000 through \$4,999.99; forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**Penalties for food stamp fraud:** If on purpose you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- You traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation.
- You traded or sold food stamps for controlled substances, your food stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever.
- You gave the county false identity or residence information, so you can get food stamps in more than one case at the same time, your food stamps can be stopped for 10 years.

### DO NOT FORGET!

- If your report is late, not complete, or not turned in, your benefits may be late, changed or stopped.
- If your report is not complete when you turn it in, you will be asked to complete it again.
- After your cash aid stops, you and your child(ren) may still be eligible for Food Stamp benefits even if you are now employed. Ask your worker for more information.
- After your cash aid stops, you and/or your child(ren) still may be eligible for health coverage under Medi-Cal. See above "Your Health Coverage and Food Stamps may continue when your cash aid stops."



**CHANGE REPORT - For Cash Aid and Food Stamps**

- Complete, sign and return this report within 10 days of when your change happens. You must report any change that may affect your eligibility for, or the amount of, your benefits. See back of this form for Changes to Report or call your worker.
- If you do not send in a complete report including, but not limited to, reporting all changes and attaching proof when the form asks for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- Answer all questions for everyone in your household including children, parents, stepparents, your spouse, and anyone absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker.

Worker:

Phone:

① NAME OF APPLICANT (FIRST LAST)		SOCIAL SECURITY NUMBER (SSN)	
HOME ADDRESS	NUMBER	STREET	
CITY		STATE	
ZIP CODE		CITY	
STATE		ZIP CODE	
TELEPHONE NUMBER(S):		MESSAGE	
( )		( )	

② Is this a new address? ☐ YES ☐ NO If YES, date moved \_\_\_\_\_  
 If Yes, and if you get food stamps, you may be asked to give us proof of your new housing costs, such as rent and utility receipts/bills.

③ Did you or anyone in your household have a change to report? ☐ YES ☐ NO  
 You must include, but are not limited to, changes listed below. Check all that apply and give us the facts for each change.  
 See back of form for more information.

<input type="checkbox"/> <b>Income:</b> Start, stop, changes. Attach proof.	<input type="checkbox"/> <b>Marital:</b> Marry, divorce, separate. Attach proof.
<input type="checkbox"/> <b>Job/Training:</b> Start, stop, refused, change in hours. Attach proof.	<input type="checkbox"/> <b>Medical Costs:</b> Over 60 year or disabled-report new medical costs.
<input type="checkbox"/> <b>Money or Benefits:</b> From any source - support payments, gifts, anything free. Attach proof.	<input type="checkbox"/> <b>Property:</b> Buy, sell, trade, give away home, land, vehicles, etc.
<input type="checkbox"/> <b>School Ages 6 through 17:</b> Start or stop attending regularly.	<input type="checkbox"/> <b>Checking/Savings:</b> Open, close, balance changes.
<input type="checkbox"/> <b>School Ages 16 or older:</b> Start or stop school, tuition costs, transportation cost. Attach proof.	<input type="checkbox"/> <b>Babies:</b> Become pregnant, have a baby, abort or miscarry.
<input type="checkbox"/> <b>Felony Drug Conviction:</b> For crimes committed after August 22, 1996.	<input type="checkbox"/> <b>Citizenship/Immigration Status:</b> Status change. Attach proof.
<input type="checkbox"/> <b>Fleeing Felon:</b> Violations of probation or parole, avoiding custody or prosecution.	<input type="checkbox"/> <b>Disability:</b> Become disabled or recover from injury or illness.
<input type="checkbox"/> <b>Household:</b> Changes of who lives with you.	<input type="checkbox"/> <b>Insurance:</b> Start, stop or change life, health, dental coverage.
<input type="checkbox"/> <b>Dependent Care:</b> Start, stop, change what you pay others. Attach proof.	<input type="checkbox"/> <b>In-Home Supportive Services (IHSS):</b> Start or stop getting services.
<input type="checkbox"/> <b>Child Support:</b> Food Stamps only: Changes in court order. Attach proof.	<input type="checkbox"/> Other _____

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE

④ I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete. I understand the facts I report may result in my benefits going up, down, or being stopped.  
**WHO MUST SIGN BELOW:** For Cash Aid: you, your aided spouse and any other parent (of cash aided children) if living in the home.  
 For Food Stamps: the head of household, a household member or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ( )	CONTACT PHONE ( )
SIGNATURE OF AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED

County Use Only:

E.W. Initials

Date:

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## What changes to report:

- If you are not sure how to report, what to report, or what proof you need to send in, ask your worker.
- You must report any change that may affect your eligibility for or the amount of, your benefits. You must include, but are not limited to, the types of changes listed below. Give us the facts for any change on the front side of the form in item #3.

**Babies:** Become pregnant, have a baby, abort or miscarry. If pregnancy, attach proof like a copy of the doctor or clinic's statement, giving the mother's name, and the date the baby was due.

**Checking/Savings:** Open or close a checking or saving account(s) or the balance is different at the end of the month.

**Child Support:** For Food Stamp only: anyone who pays court ordered child support and has a change in court ordered child support. Attach proof like a copy of the court order and any papers making changes to that order.

**Citizenship / Immigration Status:** A citizenship or immigration status change or anyone gets a new card, form or letter from the INS. Attach proof like a copy of new card, form or letter from INS.

**Dependent Care:** Stop, start, or change the amount paid for care for a child, disabled person or other dependent while a household member is working, seeking work or in training. Attach proof like copies of receipts, bills, or cancelled checks that show the cost of the care and the names of the person who received care, who paid for the care, and who gave the care.

**Disability:** Become disabled or recovered from a major illness.

**Felony Drug Conviction:** Any household member convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) for crimes committed after August 22, 1996. Check all boxes that apply for the type of conviction.

**Fleeing Felon:** Any household member who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole.

**Household:** Anyone moves into or out of your home or you move in with someone else. Include temporary absences, newborns, someone died, entered or left a hospital.

**Income:** Start, change, or stop income from any source. Attach proof like copies of pay stubs that show the name of the employer and the person who worked, the gross amount of pay before deductions, and dates of the pay period. If self-employed: attach proof such as copies of quarterly/annual income tax reports, monthly profit and loss statements, etc.

**In-Home Supportive Services (IHSS):** Start or stop getting In-Home Supportive Services.

**Insurance:** Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage.

**Job/Training:** Start, stop, quit, refuse a job or training, change number of hours, or go out on strike. Attach proof like copies of paystubs.

**Marital:** Marry, divorce or separate. Attach proof like a copy of marriage license or divorce papers.

**Medical Costs:** For Food Stamps only: Anyone who is disabled or age 60 or older may report new medical costs not being used to figure your current allotment.

**Money or Benefits:** Receive money or benefits from any source. Include child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits like Social Security, Supplemental Security/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. Attach proof like copies of receipts.

**Property:** Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. Include personal and business property.

**School Ages 16 or older:** Start or stop school or college. Include cost for tuition, school transportation, etc. Attach proof like copies of statement(s) from school or award letter showing financial aid, tuition, fees, and other school costs.

**School Ages 6 through 17:** For Cash Aid only: Stop or start attending school regularly.

**Other:** Anything else you report.

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## HOW TO FILL IN YOUR CW 7C - CHANGE REPORT

- **Save this notice and use it to help you fill out your CW 7C (Change Report). If you are not sure how to report, what to report, or what proof you need to send in, ask your worker.**
- **The county uses the facts you give to see if you and your household members continue to be eligible for benefits and to figure the amount of aid and benefits you should get.**

### How often must you complete a CW 7C - Change Report

Give us the facts for any change you have that may affect the amount of your benefit or eligibility. If you do not know what changes to report, talk to your worker.

If Your Family Gets Cash Aid (Not Food Stamps), Report Facts for:

- All children - natural, adopted, stepchildren.
- All parents - natural, adopted, stepparents.
- Other aided relatives of the children.
- Yourself and your spouse.
- Anyone who is temporarily absent from the home.

### Reporting for persons who are living in your home

If Your Family Gets Cash Aid and Food Stamps or Food Stamps Only, Report Facts for all children, all related adults, and others who buy or prepare food with you.

### Signature

You sign the report "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct, and complete. And you sign the report saying you understand the facts you give may increase or decrease your benefits.

**Perjury and fraud are crimes.** If on purpose you give us facts that are wrong or not complete, or you do not report all facts about your income, property, or family status to get or keep getting aid or benefits, you can be legally prosecuted. And you may be charged with committing a felony if more than \$400 in cash aid, food stamps, and/or Medi-Cal State CMSP is wrongly paid out AND you may be given:

**Penalties for cash aid welfare fraud:** If on purpose you do not follow cash aid rules, your cash aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years. Your cash aid can be stopped:

For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third.

For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, or forever for the third.

For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; forever for amounts of \$5,000 or more.

Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**Penalties for food stamps fraud:** If on purpose you do not

follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

### If You are found guilty in any court of law because:

You traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation.

You traded or sold food stamps for controlled substances, your food stamps can be stopped for 24 months for the first violation and forever for the second.

You traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever.

You gave the county false identity or residence information, so you can get food stamps in more than one case at the same time, your food stamps can be stopped for 10 years.

### YOUR HEALTH COVERAGE AND/OR FOOD STAMPS MAY CONTINUE WHEN YOUR CASH AID STOPS.

If you choose to go off cash aid, tell your worker the reason you are stopping your cash aid. **Here's why:**

- After your cash aid stops, you and your child(ren) may still be eligible for food stamp benefits even if you are employed.
- You and/or child(ren) may be eligible for continued no cost health coverage depending on the reasons your cash aid stops and/or other facts in your case.
- You and/or your child(ren) may be eligible for no cost health coverage under the Transitional Medi-Cal program (TMC) if you go off cash aid because your earnings went up. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. You may also be eligible for TMC if your Cash Aid stops because you get married or your spouse returns to the home.

You can tell the worker why you want to stop your cash aid by:

- Filling out and returning your CW 7C - Change Report or the TMC Request Form for Working Persons, or
- Calling the county.

**Send in proof only when we ask for it. Examples of Proof:**

**Income and training allowances**

- Copies of paystubs that show the name of the employer and the person who worked, the gross amount of pay before deductions, dates of the pay period, etc.
- If self-employed: copies of quarterly/annual income tax reports, monthly profit and loss statements, etc.
- Copies of checks, award letters, loan papers, or other papers that show where the money came from, the amount paid or received, and the name of the person who got or will get the money, benefit, or free item such as housing or food.

**Expenses/Payments for**

- For care of a child or other dependent so someone can go to work or training: attach copies of receipts, bills, or cancelled checks that show the cost of the care and the names of the persons who received care or paid for the care, and who gave the care.
- If self-employed: copies of signed receipts, cancelled checks, statement(s) of the charges from the person/firm providing the item(s) or service(s).
- For housing and utility costs: copies of receipts or bills for rents, mortgage payment; insurance and property taxes when they are not part of your mortgage payment; heating, cooling, phone bills, etc.
- For college or trade school: copies of statement(s) from school or an award letter showing financial aid, tuition, fees, and other school costs.
- For court ordered child support: copy of the court order, and any papers making changes to that order.

**Other Proof**

- For pregnancy: copy of the doctor's or clinic's statement that gives the mother's name and the date the baby is due.
- For changes in citizenship/immigration status: copy of a letter, form, or new card from the Immigration and Naturalization Service (INS).
- For marriage or divorce: copy of marriage license or divorce papers.

**WHAT WE MEAN WHEN WE SAY:**

**Avoiding Or Running From The Law To Avoid Prosecution, Or Custody Or Confinement:** A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them.

**Cash Aid:** CalWORKs (California Work Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

**Controlled Substance:** Any drug whose availability is restricted by federal or state law, including, but not limited to, narcotics, stimulants, depressants, hallucinogens, and marijuana.

**Completed CW 7C - Change Report. It is "complete" only when:**

- All the information is filled in about your change(s) **and**
- All proof is attached when the form asks for it, **and**
- All required signatures are on the form, **and**
- The form is signed, dated and returned within 10 days of your change.

**Court Ordered Child Support:** The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

**Gross Amount:** The amount of your paycheck before deductions are taken out for taxes, social security, etc.

**In Violation of Parole or Probation:** When parole/probation is revoked or an arrest warrant is issued. The original crime for which parole/probation was ordered could be for a felony or a misdemeanor.

**State CMSP:** Medically necessary benefits for eligible adults who are not eligible for Medi-Cal and who live in some rural counties.

**DO NOT FORGET!**

- If your report is late, not complete, or not turned in, your benefits may be late, changed or stopped.
- If your report is not complete when you turn it in, you will be asked to complete it again.
- After your cash aid stops, you and your child(ren) may still be eligible for Food Stamp benefits even if you are now employed. Ask your worker for more information.
- After your cash aid stops, you and/or your children still may be eligible for health coverage under Medi-Cal. See "Your health Coverage and Food Stamps may continue when your cash aid stops."

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is stopping your:

- ☐ Cash Aid  
☐ Food Stamps

Here's why:

As of the 11th of this month, the County has not received your eligibility report (CW 7, CW 7Q or SAWS 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid and food stamps.

YOU MUST RETURN THE CW 7/CW 7Q/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID AND FOOD STAMPS.

## Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the report, the County will help you to do so. Please contact the County and ask for help.

**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Please complete and send in the enclosed Transitional Medi-Cal (TMC) form.

**Rules:** These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 44-315.8; W & I Code 11265.2; Food Stamps: 63-504.27, 63-504.3

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is stopping your:

- ☐ Cash Aid  
☐ Food Stamps

Here's why:

The eligibility report (CW 7, CW 7Q or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- ☐ Complete the circled items on the enclosed report, and send or bring it to your worker.  
☐ Send or bring to your worker the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information you give us may change or stop your cash aid and food stamps.

YOU MUST RETURN THE ENCLOSED CW 7/CW 7Q/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID AND FOOD STAMPS.

**Rules:** These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-315.8, W & I Code 11265.2. Food Stamps: 63-504.27, 63-504.3

## ☐ Food Stamps – Additional Information Needed

In addition, you must give the County the following information so the amount of your food stamps can be figured. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

You must get this information to the County by the first working day of next month.

If you need help in completing the report, the County will help you to do so. Please contact the County and ask for help.

**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Please complete and send in the enclosed Transitional Medi-Cal (TMC) form.

## YOUR HEARING RIGHTS

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**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

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- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

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**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE